



A Thematic Fund
for Maternal Health

ACCELERATING PROGRESS TOWARDS MILLENNIUM DEVELOPMENT GOAL 5

No Woman Should Die Giving Life



*“More lives could be saved if all women
had access to voluntary family planning
ensuring that births are spaced properly,
to skilled attendance at all births,
and to emergency obstetric care.
UNFPA is committed to reducing the high levels
of maternal death and disability that exist today.”*

– Thoraya Obaid, Executive Director of UNFPA, 2006



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Executive Summary

For two decades, the international community has campaigned to improve maternal health, yet the annual number of maternal deaths has remained virtually unchanged over the last 20 years. In many countries, progress in improving maternal health is lagging. In some, the situation has actually deteriorated. Moreover, within countries, startling inequities exist between the poorest and the wealthiest, between rural and urban populations and between adolescent and adult mothers.

Why is progress lagging? In many cases, the answer is insufficient political will and inadequate resources. Women's health is often pushed off the agenda in favour of other priorities. Experience from a number of countries, however, shows that maternal mortality can be halved within a decade, given adequate political and financial support and effective approaches. Several global initiatives are now under way to support the achievement of the Millennium Development Goals (MDGs) related to health. The United Nations Population Fund (UNFPA) plans to accelerate its contribution to these international efforts, particularly those focusing on MDG5. The goal of MDG5—to reduce the maternal mortality ratio by three quarters by the year 2015—was recently expanded to include the target of universal access to reproductive health.

Ultimately, optimal maternal health will be achieved when all women have access to sexual and reproductive health, particularly the continuum of maternal health care. The addition of universal access to reproductive health as a target for MDG5 validates the critical importance of tackling poor maternal health within the framework of sexual and reproductive health. Certain key interventions will have the most profound and immediate impact in reducing maternal mortality and morbidity. These include universal access to family planning; skilled care before, during and after childbirth; and emergency obstetric care in the event of complications. Strengthened health systems and community participation are the foundation for these interventions.

In close partnership with governments, United Nations organizations and international partners, UNFPA will establish a thematic fund for maternal health to gather the necessary resources. In line with the UNFPA strategic plan for 2008-2011, the fund aims at supporting countries to increase access and utilization of quality maternal health services to reduce maternal mortality and morbidity. The objective is to increase the capacity of health systems to provide a continuum of quality maternal health care, strengthen mechanisms to reduce health inequities and empower women to exercise their right to maternal health care. UNFPA's ability to position maternal health within the continuum of sexual and reproductive health and the continuum of care from community to facility make it uniquely placed to tackle these issues. This expertise allows the incorporation of other elements such as adolescent sexual and reproductive health; maternal morbidity, including the prevention of unsafe abortion and management of its complications and obstetric fistula; HIV/AIDS, and prevention of child marriage. It also enables linkages with broader development issues such as women's empowerment, population movements and dynamics and poverty reduction.

The thematic fund (2008-2015) will focus ultimately on supporting 75 countries with the greatest need.^[1] In addition to its focus on meeting countries' needs, it will demonstrate good practices for scaling up efforts. It will be launched in a phased manner.

This paper provides an overview of the Thematic Fund for Maternal Health and indicative budget for the first period (2008-2011) of US\$ 465 million, exclusive of indirect costs. It will be followed by a comprehensive proposal for the first period with an operational plan, which will include a brief preparatory stage followed by phased implementation at scale in at least 25 of the 75 priority countries. Introduction in the remaining countries will continue over the second period (2012-2015), as resources permit and based on a proposal and budget reflecting the experiences of the first period.

[1] These countries were identified in World Health Organization, *World Health Report 2005: Make every mother and child count* (Geneva, 2005).



Background:

Challenges and Opportunities

*“At this defining moment in history,
we must be ambitious.*

*Our action must be as urgent
as the need, and on the same scale.”*

*– Kofi Annan, former Secretary-General
Secretary-General's Report,
In Larger Freedom, 2005*

THE PROBLEM

For two decades, the international community has campaigned to improve maternal health. Global commitments to reduce maternal mortality were first made at the 1987 International Conference on Safe Motherhood in Nairobi. At the 1994 International Conference on Population and Development in Cairo, maternal health was recognized as a key component of the right to sexual and reproductive health. In the year 2000, world leaders reaffirmed their commitment to reduce the maternal mortality ratio by 75 per cent between 1990 and the year 2015. This goal—MDG5—was followed in 2006 by the addition of a target for universal access to reproductive health. Two other MDGs—MDG4, on newborn health and child survival, and MDG6, on combatting HIV/AIDS—are closely related to the health and survival of the mother.

Despite these commitments, complications of pregnancy and childbirth are still the leading cause of death among women in developing countries—estimated at 529,000 in 2000 and about 536,000 at present. The 2005 estimates of maternal mortality con-

firm that the maternal mortality ratio remained at approximately 450 per 100,000 live births for developing regions^[2], not significantly lower than in 1990. In addition, 10 to 20 million women annually are estimated to suffer severe health problems, such as obstetric fistula, due to complicated pregnancy and childbirth. Fistula and other chronic disabilities have painful and long-lasting effects on a woman's quality of life and her ability to be a productive member of society.

Maternal mortality and morbidity highlight vast inequities in reproductive health and in access to maternal health care services among regions and countries. Sub-Saharan Africa and Asia carry a disproportionate burden, accounting for 96 per cent of maternal deaths worldwide. The lifetime risk of maternal death is as high as 1 in 7 for women in some African and Asian countries compared with 1 in 10,000 in the most developed countries. Within countries, startling inequities in access exist between the poorest and the wealthiest and between rural and urban populations. In addition, adolescent mothers face two to five times greater risk of maternal death than do adult women. The loss or disability of a mother affects the social ties of the family and community as well as the prospects for her children.

In many countries, progress is lagging. In some, the situation has actually deteriorated. No region thus far has achieved sufficient annual declines to reach the MDG5 target. Sub-Saharan Africa shows the least progress, with an annual decline of only 0.1 per cent—far short of the 5.5 per cent necessary. Growing evidence indicates that mortality is rising in some areas due to poverty, HIV, malaria and tuberculosis. Countries affected by humanitarian emergencies are hard-pressed to provide even basic reproductive health services and are typically the furthest from achieving the MDGs.

Why is progress lagging? In many cases, the

[2] *Maternal Mortality in 2005. Estimates developed by WHO, UNICEF, UNFPA and the World Bank (Geneva, World Health Organization, 2005).*

answer is the lack of political will and the inadequacy of resources. Women's health is often pushed off the agenda by competing priorities. There are, however, successes. For example, in China, Cuba, Egypt, Honduras, Jamaica, Malaysia, Sri Lanka, Thailand and Tunisia, significant declines in maternal mortality occurred as more women gained access to primary health care that included family planning and skilled birth attendance, backed up by emergency obstetric care including post-abortion care. Many of these countries were able to halve their maternal deaths within a decade.

SOLUTIONS AND CHALLENGES

Optimal maternal health will be achieved through universal access to sexual and reproductive health, including access to a continuum of maternal health care linked to basic health care, proper nutrition and control of infectious diseases. In some regions, linkages with malaria and HIV programmes will be crucial. Within the continuum, three key interventions will have the most profound and immediate impact in reducing maternal mortality and morbidity: access to family planning, to skilled attendance at birth and to basic and comprehensive emergency obstetric care, which includes post-abortion care.

FAMILY PLANNING

One quarter to one third of all maternal deaths could be averted if all women had access to family planning to avoid unwanted pregnancies. With birth-spacing, women can return to optimal general health before the next pregnancy, improving their and their children's chance of survival. Delay in the onset of pregnancies through contraception affects the total lifetime number of pregnancies and averts high-risk childbirth in adolescent years. Access to family planning could also reduce the 19 million unsafe abortions and the associated 68,000 maternal deaths that occur each year. Yet some 200 million women worldwide who want to space or limit their childbearing are still not using effective modern methods.

SKILLED ATTENDANCE AT BIRTH

Historical evidence shows that skilled attendance of births at the primary health-care level has been



fundamental to reducing maternal mortality and morbidity. Skilled health professionals such as midwives, working in an enabling environment, can provide care before, during and after pregnancy and childbirth. They can recognize potentially fatal complications in childbirth and respond appropriately. Yet, in many developing countries, there are insufficient numbers of skilled attendants to meet the demand. The coverage in the least developed regions is 33 per cent as compared with almost 100 per cent in developed regions. According to the World Health Organization (WHO), an additional 700,000 midwives are needed to curb maternal mortality and morbidity. Information from 57 countries with critical shortages indicates a global deficit of some 2.4 million doctors, nurses and midwives.

EMERGENCY OBSTETRIC CARE

Even under the best circumstances, 15 per cent of pregnant women will experience complications – most of which cannot be predicted, but nearly all can be managed. Timing is critical, however. The

most common cause of mortality, post-partum haemorrhage, can kill a woman in less than two hours. Emergency obstetric care can also reduce fatalities from complications of unsafe abortion.’ Therefore, facilities with high-quality basic and comprehensive emergency obstetric care services^[3] must be available and accessible at all times. United Nations organizations recommend at least four facilities offering basic emergency obstetric care and one facility offering comprehensive emergency obstetric care for every 500,000 people. Needs assessments have shown that emergency obstetric care is far from universally accessible. Misinformation, poor quality care, weak referral systems, costs and geographic distances frequently delay women’s access to emergency care.

FUNCTIONING HEALTH SYSTEM AND COMMUNITY PARTICIPATION

A functioning health system and community participation must be the foundation for the three interventions outlined above. Strengthening health systems is complex, and requirements include strengthening management, health information systems and protocols; upgrading and expanding facilities; and ensuring a reliable supply of commodities. Adequate human resource planning and policies, particularly for nurses and midwives, are also key, as maternal health is heavily dependent on skilled care. Informing communities about their rights and the importance of maternal health care is fundamental. Communities can also be empowered to advocate for and insist upon quality maternal health care; to bring about changes in harmful practices; to establish mechanisms for community insurance and emergency funds and transport to overcome cost and distance barriers to care; and to participate in monitoring the quality of services.

Opportunities: Global efforts and United Nations reforms to accelerate progress towards the health MDGs

Today, there is agreement on the effective interventions to reduce maternal mortality and morbidity and that these must be brought to scale to meet interna-



tional commitments. There is also a common understanding that political neglect and weak health systems have hindered progress and that any effort must be part of one national health plan rather than a vertical initiative. Most global funds and initiatives, such as the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), have recognized the importance of strengthening health systems as the foundation for reaching the health-related MDGs.

Over the last few years, increasing commitment and coordination have been evident. In 2005, the Partnership for Maternal, Newborn and Child Health was formed and now includes 180 partners, such as governments, United Nations organizations and non-governmental organizations (NGOs). In 2006, the General Assembly endorsed the addition of universal access to reproductive health as part of MDG5. The recent launching of a Global Campaign for the Health MDGs, led by Norway, joins several initiatives for reaching MDGs 4, 5

[3] Basic emergency obstetric care includes: the administration of antibiotics, oxytocics and anticonvulsants; manual removal of the placenta; removal of retained products following miscarriage or incomplete abortion; and assisted vaginal delivery with forceps or vacuum extractor. Comprehensive care includes the above plus Caesarean section and safe blood transfusion.

and 6 and for strengthening health systems. These initiatives include the International Health Partnership, led by the United Kingdom, and the Catalytic Initiative to Save a Million Lives, supported by Canada. The new “Health 8”, an informal coordination group, which includes WHO, the World Bank, the United Nations Children’s Fund (UNICEF), UNFPA, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the GAVI Alliance, GFATM and the Bill and Melinda Gates Foundation, will facilitate greater coordination among organizations and institutions that seek to improve health and steward the health MDGs Campaign.

United Nations reforms will lead to a more efficient, coordinated and better performing United Nations country presence, allowing the expertise of all parts of the United Nations system to be harmonized and harnessed. Specifically, efforts aimed at greater inter-agency collaboration on maternal and newborn health among UNFPA, UNICEF, WHO and the World Bank provide critical opportunities for strengthened support. The organizations will coordinate efforts at the country level, guided by the national health plan and according to each organization’s respective country-specific strengths and capacities. At the global level, a focal agency or shared focal agencies for each component of the Maternal and Newborn Health Continuum of Care have preliminarily been identified.

THE UNFPA VISION AND APPROACH

UNFPA envisages a world in which all can fulfil their right to the highest attainable standard of sexual and reproductive health. To achieve this vision, UNFPA is committed to promoting and protecting reproductive rights and to ensuring access to quality sexual and reproductive health care as part of basic health. UNFPA considers improving maternal health, including reducing maternal mortality and morbidity, a priority area within sexual and reproductive health. The UNFPA maternal health strat-

egy is centred within access to a continuum of reproductive health care and information throughout the life cycle. It focuses on three key approaches, reflecting the three interventions described above: increasing access to family planning to ensure that all pregnancies are wanted, increasing access to skilled care at birth and during and after pregnancy and increasing access to basic and emergency obstetric care for complications.

These efforts are linked to other approaches to maximize impact, including the management of the complications of unsafe abortion, care for severe post-partum morbidities (e.g., obstetric fistula), the prevention of mother-to-child transmission of HIV and the prevention of child marriage and early pregnancy. All of these approaches will contribute to ensuring the survival and health of newborns as well as their mothers. The principle of equitable access for all, including populations that have been excluded or marginalized or that are vulnerable, such as adolescents, the poor, rural populations and indigenous peoples, guides the strategy. UNFPA addresses these approaches through a gender lens to identify the structural and social discrimination that prevents women from achieving equality and applies a rights-based approach to programming in line with United Nations system-wide guidance.

In close collaboration with its development partners, UNFPA is supporting maternal health programmes in more than 90 countries. Its strong partner network, a wealth of experience and a long-lasting presence at the country level facilitate this work. UNFPA is also an active member of the Partnership for Maternal, Newborn and Child Health. In 2007, UNFPA agreed with United Nations partners to serve as the focal agency for specific components of the Maternal and Newborn Health Continuum of Care, namely the components for family planning; skilled attendance at birth; emergency obstetric care, together with UNICEF; and post-partum care.

The Thematic Fund for Maternal Health

OBJECTIVES

In the current context, including the need for rapid acceleration of progress, UNFPA plans to expand its support for improving maternal health, particularly in those countries with the highest maternal mortality and morbidity. The proposed thematic fund is a substantially expanded successor to the UNFPA initiative “Making Safe Motherhood a Reality” (2000-2007), drawing on the lessons learned throughout that period and with greater resources and intensified support for countries. Programmatic and financial support will focus on assisting countries in scaling up maternal health programmes within national plans, with a view to improving equity. The thematic fund will be linked with and contribute to the UNFPA Strategic Plan 2008-2011 and its successor, UNFPA Country Programmes and Global and Regional Programmes as well as to its other thematic funds, such as Reproductive Health Commodity Security and the Campaign to End Fistula. UNFPA will also advocate for the integration of these programmes into government planning and budgeting cycles. The programme will be carried out in close partnership with governments, international partners and other United Nations organizations in the spirit of “Delivering as One.”



greatest need. It will be implemented in a phased manner and will focus on meeting countries' needs. At the same time, however, it will demonstrate good practices for scaling up initiatives.

The first period (2008-2011) will focus on a phased implementation at scale in at least 25 of the 75 priority countries. Most of the countries will be in sub-Saharan Africa and South Asia, regions which carry the highest burden of maternal mortality, along with some low-income countries in other regions.

Progress in the initial countries will be carefully monitored and evaluated for demonstration purposes and the adaptation of strategies as needed. In addition, implementation may be accelerated based on the progress and the availability of resources.

A six-month preparatory stage in the beginning of the first

period will consist of the following: i) initiating activities in five countries; ii) analyzing country needs, partners and resource requirements based on existing assessments; iii) identifying mechanisms to enhance country absorptive capacity especially in contexts with weak infrastructure; iv) developing a funding strategy including traditional and non-traditional partners; v) establishing baselines for monitoring and evaluation; and vi) strengthening capacity within the organization to manage and implement the thematic fund.

The second period (2012-2015) will cover continuing support of the countries from the first period and, resources permitting, launch of the programme in the remaining countries.

SCOPE

The thematic fund (2008-2015) will focus ultimately on supporting the 75 countries with the

Expected results, strategies and related activities

EXPECTED RESULTS

The expected results of the thematic fund are based upon and rooted in the UNFPA 2008-2011 strategic plan, and its outcomes, particularly the outcome “Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications.”

UNFPA will focus its support on four related outcomes:

- Enhanced political and social environment for the improvement of maternal health in the context of sexual and reproductive health;
- Increased capacity within country health systems to provide the full continuum of maternal health care at scale, including policy and strategic capacity, planning and monitoring capacity, and technical capacity;
- Strengthened approaches to reduce gaps in health equity, facilitating financial and geographic access to maternal health services for the poor;
- Women empowered to exercise their right to quality maternal health care.

STRATEGIES AND KEY ACTIVITIES

Strategies and activities are outlined below in relation to particular results and focus on five key components. All are necessarily interrelated and integrated. Gap and stakeholder analyses at country levels will help identify the specific strategies and activities to be implemented in each context. These will also be determined in the context of “Delivering as One” within the United Nations Country Teams.

Outcome 1: Enhanced political and social environment for the improvement of maternal health in the context of sexual and reproductive health.

Strategy: Advocacy and policy dialogue. The lack of political will has been a major impediment to progress in improving maternal health. Evidence from a number of countries highlights the vital role of generating political priority to achieve reductions in maternal mortality. Several recent meetings, including the Women Deliver Conference, held in London, 18-20 October 2007, have aimed at generating political priority at the global level and at gaining national-level commitments. These advances require follow-up and adaptation to the country level to ensure adequate political commitment and allocation of resources. The UNFPA thematic fund will, therefore, build upon and strengthen the political and financial commitments needed to achieve MDG5.

Sample activities

- Advocating for maternal health within the context of national development frameworks and national health-sector planning and reform processes, and greater investment in the health sector to ensure a continuum of skilled maternal health care, emphasizing the right to health and the right to affordable, equitable, accessible and appropriate health services;
- Developing national health policies that integrate national reproductive health programmes for accelerating progress towards MDG5 and the integration of these programmes into the overall national health-sector planning processes;
- Leveraging resources within the government/donor budgetary processes, in line with the Paris

Agreements for Aid Effectiveness, including testing and developing “performance-based funding” approaches;

- Investing in the inclusion of reproductive health in existing innovative and equitable health-financing arrangements and, in countries where such arrangements do not yet exist, advocating for the creation of more equitable health financing.

Outcome 2: Increased capacity within country health systems to provide the full continuum of maternal health care at scale, including policy and strategic capacity, planning and monitoring capacity and technical capacity.

Strategy: Capacity-building and technical support. It is now well understood that a coordinated response through the health system is a prerequisite to improving maternal health. Many are now concerned with strengthening health systems to achieve the health MDGs. Within these partnerships, UNFPA is committed to contributing towards those aspects related to MDG5, particularly in relation to family planning, skilled birth attendance, emergency obstetric care and post-partum care.

One aspect that will have a large impact on all components of maternal health care is human resources for health. Analysis has shown that maternal health is one of the health outcomes that is most heavily dependent on skilled health workers. In many countries with high maternal mortality rates, however, there are critical gaps in the numbers of health workers overall, and particularly in rural and remote areas. Effective human resource policies and plans are needed to tackle issues of health worker shortages and maldistribution. Mid-level providers who are on the frontline, such as midwives and nurses, are crucial members of the teams needed to deliver the full package of maternal health care. In the health system, UNFPA will also emphasize improving access to commodities, linking with the Global Programme on Reproductive Health Commodity Security and improving management information systems.

Sample activities

- Assisting countries in assessing and evaluating their current capacity and needs with a specific focus on the capacity to deliver sexual and reproductive health and maternal health services and information;
- Building and strengthening national capacity to ensure effective design, implementation, coordination, management, monitoring and evaluation of wide-scale national strategies and programmes for maternal health, linked closely to reproductive health programmes such as family planning, HIV prevention and sexually transmitted infections;
- Supporting the reform of health-sector human resource strategies, ensuring that appropriate plans for recruitment, training, deployment and retention are developed and implemented for providers that deliver maternal health care, especially mid-level providers;
- Providing technical support in key strategic areas, including the development of national standards and protocols, use of appropriate technologies, training, knowledge-sharing, supervision, data collection and the use of indicators for monitoring and evaluation;
- Providing support to strengthen health systems in general, with a specific focus on maternal health care, in close collaboration with the appropriate government bodies, and partners in the areas of health-systems strengthening, including bilateral organizations, WHO, UNICEF, the World Bank, the GAVI Alliance, the Global Fund and other global initiatives;
- Ensuring support to the provision of equipment and supplies (linked to the Global Programme on Reproductive Health Commodity Security), upgrading infrastructure when necessary and developing effective systems for referral and transport;
- Strengthening the monitoring and evaluation of sexual and reproductive health and maternal health services in the context of the health sector’s monitoring and evaluation system and providing support to obtain effective health information systems.

Outcome 3: Strengthened approaches to reduce gaps in health equity, facilitating financial and geographic access of the poor to maternal health services

Strategy: Systems to reduce inequities. Maternal mortality and morbidity are, at their core, a consequence of health inequity. As noted above, data from national surveys reveals that access to maternal health services, such as skilled birth attendance and emergency obstetric care, is highly inequitable, with the lowest socio-economic quintiles and rural populations having the least access. Other marginalized groups, such as married adolescents and minorities and indigenous populations, similarly face barriers to access. The Millennium Project Task Force on Maternal and Child Health noted that achievement of MDGs 4 and 5 is, in part, dependent upon reducing these disparities.^[4] Therefore, the UNFPA approach will focus on a number of ways to reduce inequity, as noted in the activities below.

Sample activities

- Supporting data collection and analysis as well as qualitative studies to map excluded and marginalized groups and assess their needs, specifically their sexual and reproductive health needs;
- Advocating for policies, plans and health-system reforms that promote and advance equitable access to maternal health services;
- Collaborating with other United Nations organizations to identify appropriate financing arrangements, including community health insurance, to increase access of the poor to maternal health services;
- Promoting their participation in the design, implementation, monitoring and evaluation of country programmes and national development frameworks;
- Working with other sectors to identify solutions related to transport and referral to improve access for those in geographically remote regions;
- Encouraging community-based schemes to enable access to services for all, including the most disadvantaged.

Outcome 4: Women empowered to exercise their rights to quality maternal health care

Strategy: Community mobilization and participation. Reducing maternal mortality and morbidity is not only a question of supply of services but also the promotion of reproductive rights and active demand from individuals and communities. Gender-related attitudes and barriers, harmful traditional practices and misinformation about reproductive health issues continue to hamper progress. Any strategy is, therefore, dependent on ensuring that individuals have the information, knowledge and opportunities to exercise their reproductive rights. These strategies need to take into consideration wider socio-economic concerns and norms and practices around sensitive topics. They must involve community members, who have a deep understanding of the values and belief systems, and health providers to improve the quality of interactions and relationships with the community.

Sample activities

- Supporting civil society organizations to design, implement and evaluate community-based interventions to empower communities to take action on their rights to maternal health, such as behaviour change interventions, birth planning, community surveillance systems, health financing schemes for the poor and emergency referral schemes;
- Increasing community participation by involving community leaders, men and women in dialogue on the importance of maternal health care and in strengthening demand for quality and accessible maternal health services;
- Empowering survivors of obstetric complications, such as women living with obstetric fistula, to be advocates for maternal health.

Cross-cutting strategy: Partnership building

- Facilitating networking and coalition-building to broaden the base of support and enhance collaboration for improving maternal health at national, regional and global levels, while retaining national ownership;

[4] United Nations Millennium Project. *Who's Got the Power? Transforming Health Systems for Women and Children* (London and Sterling, Virginia, Task Force on Child Health and Maternal Health, 2005).

- Special emphasis on inter-agency coordination within the United Nations in the spirit of the “Delivering as One” programming in countries, including mobilizing resources jointly and sharing them where appropriate and in the context of the H8 initiative;
- Engaging in partnerships with the civil society, NGOs and the private sector.

MANAGEMENT

A UNFPA Inter-Divisional Working Group on Maternal Health, chaired by the Deputy Executive Director Programme, will serve as the steering committee, oversee the management and financial flow of the thematic fund and monitor progress. As the new fund will require strong management, monitoring and coordination, a full-time thematic fund manager and necessary supporting staff will be recruited to facilitate and coordinate the thematic fund across all levels and units of the organization. The Technical Division and the regional advisers will provide strategic technical guidance; the future Regional Offices (currently the geographic divisions) will oversee country support, programming and monitoring. Country offices, in collaboration with governments and local partners, will prepare proposals based on national plans and assessments of gaps. In each Regional Office, a senior adviser will coordinate the regional aspects of the programme and supervise country implementation. Country-level technical advisers may also be recruited to support and monitor implementation.

MONITORING AND EVALUATION

The goal indicator of MDG5, the maternal mortality ratio, is difficult to measure and, at best, can be measured every five years through various methods. The target indicators for MDG 5 will therefore be relied upon as global benchmarks, including proportion of births attended by skilled birth personnel, contraceptive prevalence rate, adolescent birth rate, antenatal care coverage and unmet need for family planning. The initiative will, therefore, advocate having these indicators integrated into the national health-sector monitoring and evaluation system to ensure sustainability of the monitoring. The indicators for monitoring progress will include the programmatic, coverage and outcome indicators proposed for joint reporting on maternal and newborn health among United Nations organizations. The exact indicators are still being finalized, but include the following areas: access to family planning, skilled birth attendance, integration of HIV-related services in antenatal and delivery care, availability of basic and comprehensive emergency obstetric care, post-natal care for mother and newborn and knowledge regarding pregnancy and childbirth.

A selection of “policy indicators” and “community involvement indicators” will also be monitored, drawn from inter-agency work, such as the “Countdown to 2015”, on national-level indicators for monitoring health MDGs, including reproductive health.

A mid-term review of the first four-year period will be undertaken as well as a global external evaluation on completion of that phase. The review and evaluation will serve to identify gaps and adjust strategies and procedures for the next implementation period (2012-2015).

INDICATIVE BUDGET, 2008 TO 2011 PERIOD

WHO estimated in 2005 that for the ten years leading up to 2015 an additional US\$ 39 billion was required to provide a full package of primary and emergency back-up care for 73 per cent of expected births or 101 million mothers and their babies. Annual costs were estimated at US\$1 billion beginning in 2006 and growing to US\$6 billion by 2015. The Thematic Fund for Maternal Health will therefore contribute to and grow along with these expectations, building the capacity of countries and leveraging additional resources.

The budget required for the first period (2008-2011) is estimated at US\$ 465 million, exclusive of indirect costs. The table below provides an indicative budget to enhance systems and scale up services in 25 countries over four years, including advocacy and technical and programmatic support. The budget is based on calculations of per country needs as well as global and regional support mechanisms; more information can be provided as needed. It also includes seed funding in the amount of US\$ 10 million needed to begin work in five countries and cover

the preparatory stage (see p. 10 for details). UNFPA will contribute resources through staff time as well as from country, regional and global programmes. In countries where joint funding mechanisms are in place and the maternal health plans are well costed, it may also be possible to have donor funds channeled directly through the agreed government bodies in line with the Paris Declaration agreement on harmonization and alignment.

This overview of the Thematic Fund for Maternal Health and indicative budget for the first period will be followed by a comprehensive proposal for the first period with an operational plan. For the full plan, the geographic divisions, in consultation with country offices and in support of United Nations Country Teams' joint programming, will select the countries for the first stage from among the 75 countries in greatest need. The selection will be based on criteria that include the number and ratio of maternal deaths, degree of political commitment, level of preparedness for a national health plan, capacity to deliver and potential for leveraging additional funding. Most of the countries will be in sub-Saharan Africa and South Asia, along with some low-income countries in other regions.

TABLE.
INDICATIVE BUDGET, THEMATIC FUND FOR MATERNAL HEALTH, 2008-2011 PERIOD

Expected Outcome	Total
A. Enhanced political and social environment for the improvement of maternal health (including partnership-building)	5,600,000
B. Increased capacity within country health systems for scaling up services (in countries)	415,400,000
C. Strengthened approaches to reduce gaps in health equity	10,400,000
D. Communities empowered and mobilized for greater participation	12,000,000
E. Monitoring and evaluation (at country level and external assessment)	8,000,000
F. Enhanced capacity of institutional structures to provide adequate programme support	14,300,000
TOTAL	465,700,000

Notes: This budget is indicative for 25 countries over four years. The programme could be accelerated to cover additional countries, depending on the progress in the first years, and will later be expanded to cover up to 75 countries.

The budget excludes indirect costs.